Attachment 2

U.S. Postal Service CERT SED MAIL RECEIPT (Domestic Sil Only; No Insurance Coverage Provided)		
Article Sent To:	II Day	
Lonna	M. Yaul	
Pestage	\$	
Okrtitivia Fae		Postmak
Seturn Beceipt Fee (Endorsement Bequired)		³ rare
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	
Name Please Print Clear:	y) ito pa computed by	ucl. M.D.
Street, Apr. No.; or FOB.	and and and	\sim \sim \sim
On State 7	acro A	31.193
PS Form 3800, July 1999	MILL II	See Reverse for Instructions
	CERT EL (Domesti il Connesti i	CERT ED MAIL RECE (Domesti il Only; No Insurance Col Article Sent To: Donna M. Paul Pastage S Contine See (Endorsement Required) Restricted Delivery See (Endorsement Required) Total Postage & Fees Name Please Print Cleary; to be contouted by any Street, Api Api, College (Api) Chin State SPA: Chin State SPA: A

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY			
■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. Donna M. Paul, M.D. 102 Meadow Wood Ct Wetumpka, AL 36093	verse C. Signature			
	3. Service Type Certified Mail			
2. Article Number (Copy from service label) 7099.3400.0009.2318.7406				
PS Form 3811 , July 1999	Domestic Return Receipt 102595-99-M-1789			

35	U.S. Postal S CERTIFE (Damestic Connection) Article Sent Tox	I MAIL REC	EIPT Coverage Provided)
5	Don	aM.	taul
7. B	Orlfa ja	s	
E 3	Car had the	:	Postmark
60	Return Reneipt (166 (Endersen ent Required	1	Here
00	Restricted Dislikery Fire Endorsement (Reduced)		 - -
3400	Total Postage & Fees	\$	
Ξ	Nad Town	S Ita De No Br	W. M. D
5	2 0 A	by Street	
709	Monta	Mery Ac	
	PS Form 3800, July 1805		See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Received by (Please Print Clearly) B. Date of Delivery Agent Addressee D. Is delivery address different from item 1?
Donna M. Paul, M.D. 500 Arba St. Montgomery, AL 36104-5108	3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Copy from service label) 2318 5	532
PS Form 3811 July 1999 Domestic Re	eturn Receipt 102595-99-M-1789